

Application Data Sheet

Application Information

Filing Date::	09/23/2003
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	None
CD-ROM or CD-R?::	None
Title::	EXTERNAL ACTIVATION OF VASO- OCCLUSIVE IMPLANTS
Attorney Docket Number::	2024730-7035952001 (03-398)
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figures::	9
Total Drawing Sheets::	5
Small Entity::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Michael P.

Family Name:: Wallace
City of Residence:: Fremont
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 43389 Jerome Avenue
City of mailing address:: Fremont
Country of mailing address:: US
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94539

Correspondence Information

Name:: Bingham McCutchen, LLP
Street of mailing address:: Three Embarcadero, Suite 1800
City of mailing address:: San Francisco
Country of mailing address:: US
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94111-4067
Telephone:: (650) 849-4400
Fax:: (650) 849-4800

Representative Information

Representative Customer Number:: 23639

Representative Designation::	Registration Number::	Name::
Primary	37,104	David T. Burse

Assignee Information.

Name::

Scimed Life Systems, Inc.

Mailing address::

One Scimed Place, Maple Grove, MN 55311